

03500.017693



### **PATENT APPLICATION**

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)
	: Examiner: Sandra L. Brase
Akiyoshi YOKOI	)
	: Group Art Unit: 2852
Application No.: 10/697,323	)
	: Notice of Allowance: March 30, 2003
T' 1 0 1 0 1 0 000	) 
Filed: October 31, 2003	: Confirmation No. 8508
E. DEMANGEACTIONIC METHOD	) . Amril 25, 2005
For: REMANUFACTURING METHOD	: April 25, 2005
FOR PROCESS CARTRIDGE	)

#### Mail Stop Issue Fee

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment After Allowance in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

			CLAIMS AS AMEND	DED	<del></del>	
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	MINUS	20	0	x \$ 25 \$50	\$0.00
INDEP. CLAIMS	3	MINUS	3	0	x \$100 \$200	\$0.00
Fee for Multi	ple Dependent claims \$	180°/\$360				
			TOTAL ADDITIONATION FOR THIS AMENDM			\$0.00

	°Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed for the RCE fee and additional claims fee.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.
	Respectfully submitted,

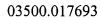
Attorney for Applicant Gary M. Jacobs

Registration No. 28,861

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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P.O. Box 1450			
Alexandria, VA 22313-1450			

## Amendment After Allowance

Sir:

Prior to payment of the Issue Fee, please amend the application as follows.